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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 28 1948
Registration District No. 17

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5305

State File No. 4345
Registrar's No. 2

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Rural Liberty Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 Miles East on St. Louis Rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Liberty Township 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 5 Miles East on St. Louis Rd. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Herman Bellman
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April 14, 1858 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
89	10	1	..... hr. ..... min.

9. Birthplace Cole Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER
12. Name Batholemeus ~~Bellman~~ Bellman
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Christine Eller
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Anna Bellman
(b) Address Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cemetery
18. (a) Signature of funeral director Victor Bruscher
(b) Address Jefferson City, Mo.
19. (a) 2-16-48 (Date received local registrar) (b) P. P. Darris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1948 hour 9:45 P minute P. M.
21. I hereby certify that I attended the deceased from Jan 23, 1948, to Feb 9, 1948; that I last saw him alive on 2/7, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia	2 wks.
Due to Hypertension	1 yr.
Hypertension heart d.	1 yr.
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature T. H. Kanagawa (M. D. or other) MD
Address 1 Dallmeyer Bldg Date signed 2/16/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 27 1948

JAN 28 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.